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CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

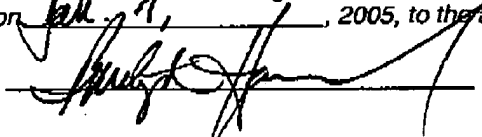
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FROM: Bridget Harris for Laura R. Grunzinger, Esq. (Typed or printed name of person signing Certificate)

Fax No. 513/627-0375Phone No. 513/627-1888

Listed below are the item(s) being submitted with this Certificate of Transmission:**

Number of Pages Including this Page: 231) Supplemental Information Disclosure Statement – 2 pgs.2) Form PTO/SB08A – 1 pg.3) Form PTO/SB17 – 1 pg.4) Cited reference – 18 pgs.

5)

Comments:Inventor(s): Connor et al.S.N.: 09/786,078Filed: 2/28/2001Docket No.: 7262

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January 7, 2005

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JAN 07 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/786,078
Applicant(s) : Daniel Stedman Connor et al.
Filed : February 28, 2001
Title : Improved Process for Making Surfactants
via Absorptive Separation and Products Thereof
TC/A.U. : 1700/1751
Examiner : B.P. Mruk
Conf. No. : 8483
Docket No. : 7262
Customer No. : 27752

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents

VIA FACSIMILE 703/872-9306

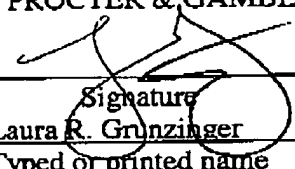
Dear Sir:

Pursuant to 37 C.F.R. §§ 1.56, 1.97 and 1.98, record is being made on the attached Form PTO/SB08 of documents which the Patent Office may wish to consider in connection with examination of the above-identified patent application. It is respectfully requested that the cited documents be carefully considered by the Examiner and made of record in this case. As provided in §1.97(g), no representation is made or intended that a thorough art search was made. As provided in 37 C.F.R. §1.97(h), this Supplemental Information Disclosure Statement does not constitute an admission of any kind, and specifically is not an admission that the documents listed on attached form PTO/SB08 are, or are considered to be, material to the patentability of the above-identified patent application, as defined in 37 C.F.R. §1.56(b).

This information disclosure statement is being submitted under 37 C.F.R. §1.97(c). A final action under 37 C.F.R. §1.113, a notice of allowance under 37 C.F.R. §1.311, or an action that otherwise closes prosecution in the application (e.g., *Ex parte Quayle*) has not been received as of the date of this submission. I hereby elect to pay the fee set forth in 37 C.F.R. §1.17(p). Please charge the fee set forth in 37 C.F.R. §1.17(p) to Deposit Account Number 16-2480 in the name of The Procter & Gamble Company. A fee transmittal form is enclosed to facilitate the charging of the fee. Copies of the cited documents are enclosed.

Respectfully submitted,

THE PROCTER & GAMBLE COMPANY



Signature

Laura R. Grunzinger

Typed or printed name

Registration No. 47,616

(513) 627-1888

Date: January 7, 2005

Customer No. 27752

Please type a plus sign (+) inside this box → [+]

PTO/SB08A (08-03)

U.S. Patent and Trademark Office; U. S. DEPARTMENT OF COMMERCE

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Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary) SHEET 1 of 1		COMPLETE IF KNOWN	
		Application Number	09/786,078
		Confirmation Number	8483
		Filing Date	2/28/2001
		First Named Inventor	Connor et al.
		Group Art Unit	1751
		Examiner Name	Mruk
		Attorney Docket Number	7262

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 JAN 07 2005

U. S. PATENT DOCUMENTS

EXAMINER INITIALS*	Cite No. ¹	DOCUMENT NUMBER Number - Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines Where Relevant Passages or Relevant Figures Appear
		US-			

FOREIGN PATENT DOCUMENTS

EXAMINER INITIALS*	Cite No. ¹	FOREIGN PATENT DOCUMENT		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines Where Relevant Passages or Relevant Figures Appear	T*
		Country Code ³	Number ⁴ Kind Code ⁵ (if known)				
	1	WO	97/38956	10-23-1977	Procter & Gamble		
EXAMINER					DATE CONSIDERED		

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²See Kind Codes of U.S. Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FEE TRANSMITTAL for FY 2005 Patent fees are subject to annual revision. Effective December 8, 2004	Complete if Known	
	Application Number	09/786,078
	Confirmation Number	8483
	Filing Date	2/28/2001
	First Named Inventor	Connor et al.
	Examiner Name	Mruk
	Art Unit	1751
TOTAL AMOUNT OF PAYMENT (\$) 180.00		Attorney Docket No. 7262

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company				5. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Description</th> <th></th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td>(\$120)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td>(\$450)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td>(\$1,120)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td>(\$1,590)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td>(\$2,160)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180)</td> <td><input type="checkbox"/> [180]</td> </tr> <tr> <td>37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)</td> <td>(\$130)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (4) Missing Parts (provisional)</td> <td>(\$50)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				Fee Description		Fee Paid	Extension for reply within 1 st month	(\$120)	<input type="checkbox"/>	Extension for reply within 2 nd month	(\$450)	<input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,120)	<input type="checkbox"/>	Extension for reply within 4 th month	(\$1,590)	<input type="checkbox"/>	Extension for reply within 5 th month	(\$2,160)	<input type="checkbox"/>	Information Disclosure Statement fee	(\$180)	<input type="checkbox"/> [180]	37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)	(\$130)	<input type="checkbox"/>	37 CFR 1.17 (4) Missing Parts (provisional)	(\$50)	<input type="checkbox"/>	Non-English specification	(\$130)	<input type="checkbox"/>	Notice of Appeal	(\$500)	<input type="checkbox"/>	Filing a brief in support of an appeal	(\$500)	<input type="checkbox"/>	Request for oral hearing	(\$1,000)	<input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370)	<input type="checkbox"/>	Other:		<input type="checkbox"/>
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3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$) <input type="checkbox"/>																																																				
4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$) <input type="checkbox"/>					Extra Claims	Fee from Below	Fee Paid	Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Multiple Dependent claims:	<input type="checkbox"/>	=	<input type="checkbox"/>																																	
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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Laura R. Grunzinger	Registration No.	47,616	Telephone	(513) 627-1888
Signature		(Attorney/Agent)		Date	January 7, 2005

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